Baby Steps: Infant Toddler Quality Improvement Project Invoice 2005-2006
Office of Child Care

Invoice Number: _____   Billing Period (circle): 1st 2nd 3rd

Center Name: _____

Street Address: _____

City: _____   Zip Code: _____

Contact Name: _____   Telephone: _____

INVOICE CALCULATION (Do not write in the gray sections)

1. Reimbursement for training hours: $80.00 per quarter			$80.00
			1.
Circle the target month:	Total Monthly Attendance	Number of days in the Month	
July (1st billing period) Nov. (2nd billing period) March (3rd billing period)			
Average Daily Attendance (ADA) = Monthly Attendance divided by Days in the month = ADA. Write this number here: _____.			
2. Stipend Amount. Refer to ADA invoice chart below .			**2.**
3. Invoice total (Add Line **1** + Line **2**) =			**3.**

ADA INVOICE CHART – Stipend Amount

YOUR ADA (Average Daily Attendance)	Invoice Amount (Write this amount on the invoice amount line)
1 – 4.4	$400
4.5 – 8.4	$800
8.5 – 12.4	$1200
12.5 – 16.4	$1600
16.5 – 20.4	$2000
20.5 – 24.4	$2400
Above 24.4	$400 per group of 4 children

Required enclosures: Quarterly Report _____ **Training Report** _____ **ADA form for target month** _____

_____   _____
Grantee Signature   Date

Vendor Number: _____ Contract Number: _____ Date Prepared: _____

For Office of Child Care Use Only

Fund	Agency	Low Org	Appr Code	Activity Code	Object Code	Report Category	Amount
100	600	6160	NJB	6ITG		CCIT	

Approved by: _____, Program Specialist   Date: _____

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